

Town of Clinton
1215 Centre Road
Rhinebeck, NY 12572

Summer Recreation Program
REGISTRATION FORM/EVENT RELEASE: MINOR
DATE SUBMITTED: _____

Proof of residency and proof of age are required at the time of registration.

All participants must be at least entering Kindergarten in September of 2015 and completed 5th grade June of 2015.

Child's Name _____ Date of Birth _____ Sex: _____

Street Address _____ City, State, ZIP _____

Child's School _____ Grade in Fall 2015 _____

Parent's Name _____ Cell Phone# _____ Daytime Phone # _____ Email Address _____

Emergency Contact _____ **Emergency Phone#** _____

Relationship to Child _____

Family Doctor _____ Doctor Phone# _____

Primary Medical Insurance Company: _____

Policy Number: _____

1) I/We, the parents of the above named child, hereby give my/our permission for his/her participation in the Town of Clinton Summer Recreation Program.

2) I/We acknowledge that there are inherent risks and opportunity for a child to be injured in normal activities of this program and assume all risks and hazards incidental to the conduct of the activities of this program.

3) I/We do further hereby agree to hold harmless the Town of Clinton, all of the elected and appointed officers, employees, counselors, volunteers and agents of the Town for any injury my/our child may suffer during this program.

4) I/We also agree to hold harmless any person transporting my/our child to and or from the activities of the program.

5) I/We, release from any responsibility, the Town of Clinton, the Program Director(s) and/or Counselors for the loss of any personal property including media/electronic devices, iPods, cell phones, games and toys.

6) I/We, authorize the Director of the Summer Recreation Program to conduct my/our family doctor as listed above in the event that I/We or the alternate are not available. Further, I/We, authorize the Director of the Summer Recreation Program to transport my/our child to the doctor's office or nearest hospital, if necessary. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant.

7) I/We, do not know of any physical disability or impairment that would prevent my/our child from participating in any activities of this program. Please list all known physical or mental conditions, allergies or any medications currently being used by your child: _____

8) I/We, further agree that I/We will instruct our child to behave accordingly and listen to those adults or supervisors in charge, and obey all rules and regulations of the program as instructed, or my/our child upon notification may be asked to leave the program.

Please provide dates that you expect to miss camp during the week/weeks registered for: _____

Parents Signature _____ Date: _____

I will behave accordingly and listen to those adults in charge, and obey all rules and regulations stated.

Child's Signature _____ Date: _____